

Quincy Workforce Relocation Assistance Program (Q-WRAP)
Application

Date of Application: _____

Applicant's Name: _____

Move-In Date: _____

Applicant's Address (within Quincy City Limits): _____

Applicant's Phone: _____

Applicant's Email: _____

How many people are in your household? _____

Employer (Must Be Located Within Adams County): _____

Reason for Relocating to Quincy: _____

Previous Home Address: _____

Previous Employer: _____

Location of Previous Employer: _____

Do you own/rent your new residence in Quincy?

OWN

RENT

Homeowners: Most Recent Property Tax Bill Amount for your residence: _____

Renters: Monthly Rent: _____

Did anyone refer you to Q-WRAP? YES/NO If yes, who: _____

(Provide Name/Phone if known)

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I understand that by participating in the Q-WRAP program, I must remain with my new employer for one year and I must remain in my current home for one year.

Printed

Signature

Date

*Applications & Inquiries regarding Q-WRAP should be directed to Nikki Albright at gredf@gredf.org

*Applicants are not eligible for Q-WRAP if they were living in Quincy prior to August 4, 2021